Please print	or type. Failure to answer all ques	ERTIFICATION) tions may cause your application	on to be rejected.
	ent of Environmental Quality	STATE US	
Office of E	Environmental Services	Reviewed by:	
Permits D			
-	ons & Certifications Section	Date Reviewed:	Deficiencies:
	e Box 4313 uge, LA 70821-4313	Approved:	Deficiencies:
PERSONAL	uge, LA 70821-4313		
Name (last, first a	nd middle) Ms.   Mr.	Social Security Number:	Date of Birth
Mailing Address (	etus et us uses. D. O. Devi en uvest u	landa and bancanahan	
Mailing Address (s	street name, P. O. Box or rural r	oute and box number)	
City/Town		State:	Zip Code:
Home Telephone	Number:	Daytime Telephone Numbe	r:
TYPE OF CEPTIE	FICATION REQUESTED:	[( )	
	<u>.</u>	Installation (D	ongir/Clasura
☐ Installation/Re	epair Llosure  NCE (Start with your present of	☐ Installation/Re	pair/Ciosure
duties for the jobs sl ARE NOT ACCEPT must be completed in	ence in UST work or UST related we hown. Also, estimate the percentage ABLE. If additional space is neede if you are using UST related work to be plumbing, construction of wastew	ge of time spent performing eac ed to list all jobs, copy Section C o qualify for certification. Work	h duty. RESUMES  . NOTE: Subsection b that is NOT considered
	Sec	tion 1	
		tion 1	To:
. Date of Employme	ent (month,day,year) F	tion 1 rom:	To:
. Date of Employme Employer's Name:	ent (month,day,year) F :		To:
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	age Two of F
• • • • • • • • • • • • • • • • • • • •	rm as Necess
Section 2  a. Date of Employment (month,day,year)  Employer's Name:  To:  To:	
Employor's Address:	
Employer's Telephone Number: ( ) Position Title:	
Percentage of Time Briefly Describe the Duties Performed While in This Position	1
Spent Performing Each Duty  Average No. of Hours World	
Each Duty Average No. of hours work	ked vveekiy
Persons Performing UST Related Work - In the area below, indicate why the work you	have
performed should be considered closely related to UST work.	
Section 3	
Employer's Name:  Employer's Address:	
Employer's Telephone Number: ( ) Position Title:	
Spent Performing Spent Performing	
Each Duty Average No. of Hours World	ked Weekly
Persons Performing UST Related Work - In the area below, indicate why the work you	have
performed should be considered closely related to UST work.	nave
· ·	

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•			rage Tank Worker Certification		Page Three of F
		le to th	ANK (UST) JOB REFERENCES nose individuals using equivalent work experience on.	or a civil	or mechanical engineering
	the five jobs must be installated locations) must have been put fixed you are applying for a close.	lations) perforr sure ce	on/repair certificate, you must list a minimum of five in which you actively participated. These five jobs ned after December 22, 1988. ertificate, you must list a minimum of five UST closu	s (UST v	work performed at separate s in which you actively
	1988.		T work performed at separate locations) must have		
	O If you are applying for an in:  For Whom Performed		on/repair/closure certificate, you must address both Type and Location of Jobs Performed		eriod Of Time When Wor
a.	Name of UST Owner/Operator		Physical Location of Job	1.c.	Was Performed From (month, day & year)
	Mailing Address	$\frac{1}{2}$			
	Contact Person	1			To (month, day & year)
	Telephone Number		☐ Installation ☐ Closure		
-	Name of UST Owner/Operator	2.b.	Physical Location of Job	2.c.	From (month, day & year)
	Mailing Address	1			
	Contact Person	1			To (month, day & year)
	Telephone Number		Installation Closure		
	Name of UST Owner/Operator	3.b.	Physical Location of Job	3.c.	From (month, day & year)
-	Mailing Address	1			
	Contact Person	1			To (month, day & year)
	Telephone Number		Installation Closure		
	Name of UST Owner/Operator  Mailing Address	4.b.	Physical Location of Job	4.c.	From (month, day & year)
	Mailing Address				To (month, day & year)
	Contact Person				
	Telephone Number ( )	1	☐ Installation ☐ Closure		
-	Name of UST Owner/Operator	5.b.	Physical Location of Job	5.c.	From (month, day & year)
	Mailing Address	1			
	Contact Person				To (month, day & year)
	Telephone Number	1	Installation Closure		
•	Name of UST Owner/Operator	6.b.	Physical Location of Job	6.c.	From (month, day & year)
	Mailing Address	1			
	Contact Person	1			To (month, day & year)
	Telephone Number		Installation		

	( )	1	☐ Repair ☐ Closure		
			rage Tank Worker Certification		Page Four of Four
D.	UNDERGROUND STORAG	GE T	ANK (UST) JOB REFERENCES (CONT		
	For Whom Performed		Type and Location of Jobs Performed	P(	eriod Of Time When Work Was Performed
'.a.	Name of UST Owner/Operator	7.b.	Physical Location of Job	7.c.	From (month, day & year)
	Mailing Address				
	Contact Person	}			To (month, day & year)
	Telephone Number	1	☐ Installation		
	( )		Repair Closure		
}.a.	Name of UST Owner/Operator	8.b.	Physical Location of Job	8.c.	From (month, day & year)
	Mailing Address				
	Contact Person				To (month, day & year)
	Telephone Number		Installation		
	( )	-	Repair Closure		
).a.	Name of UST Owner/Operator	9.b.	Physical Location of Job	9.c.	From (month, day & year)
	Mailing Address				
	Contact Person	1			To (month, day & year)
	Talankana Manakan		Installation		
	Telephone Number  ( )		Repair Closure		
0.a.	Name of UST Owner/Operator	10.b	. Physical Location of Job	10.c	. From (month, day & year)
	Mailing Address				
	Contact Person	$\left\{ \cdot \right\}$			To (month, day & year)
	Talanhana Namahan	-	Installation		
	Telephone Number  ( )		☐ Installation☐ Closure☐ Closure		
Ε. Ι	EDUCATIONAL SUBSTITUTE  1. Are you using a civil or med	_	<b>N</b> al engineering degree from a recognized college or	univers	sity to qualify for certification?
	, □ Yes		□ No		
			or provide records indicating that a degree has bee	n obtai	ned in civil or mechanical
₹. (	CERTIFICATION				
	including all supplementar any false information subm	y info itted	at all statements, answers and representation attached hereto, are true and according to the Beauty of Emilian manufal Couling the Beauty of Emilian manufal Couling	curate e is c	; and acknowledge that
	certificate defiled or revoke	ea by	the Department of Environmental Quality	•	
	Signature of Applicant		Date		
	determined eligible by the each examination taken) m Certification. The check or	Perm ust a mon e con	IMPORTANT lify for an examination, they must first sul its Division for testing. In addition, an ex ccompany this application for Undergrou ey order should be made payable to the I npleted application) to: DEQ, Registration 313.	amina nd Sto Depart	ition fee of \$132 (for orage Tank Worker ment of Environmental
	Any questions you may ha	ve re	garding the UST Worker Certification progection of the Permits Division at (225) 219	-	-